

is not the large number of HMOs in rural areas. There are many rural areas where there is no HMO whatsoever. So if one is planning a system that is based on having HMOs, already we have denied rural areas from having it.

Again, when I look at the plan, it says that if there is not more than two, we would increase the incentive to have two HMOs so that there would be some competition.

□ 1445

A lot of people are going to fall through the cracks if indeed we do not put a structure there. For that reason, the Medicare structure certainly is simple, it is already known by providers, people are using it, individuals are comfortable with it, so it is a familiar assistance plan that people will use and the accessibility will be there.

The other is the cost. Again, we are going to provide senior citizens between 125 and 150 percent of poverty. Those are critical areas, but I can tell the Members that there are many people in eastern North Carolina, rural America, who are between 135 and 150 percent. If we are going to have a sliding scale based on poverty, and we are going to have a variation of a cost of those premiums, that is going to give the whole issue of affordability some serious concerns.

I doubt whether we could make the case that this would be affordable in urban areas, much less in rural areas. The variation of premium costs are more likely to be substantial, and if they are substantial, I can tell the Members, in rural areas we have lower incomes, in the same instance that persons receive their social security and they more likely are lower-income seniors, so that would also give them a problem.

So as we consider the prescription drug plan, I hope we will consider having those elements in principle that will mean affordability, accessibility, and simplicity.

The SPEAKER pro tempore (Mr. TOOMEY). Under a previous order of the House, the gentleman from Florida (Mr. FOLEY) is recognized for 5 minutes.

(Mr. FOLEY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Michigan (Mr. SMITH) is recognized for 5 minutes.

(Mr. SMITH of Michigan addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

GOVERNOR ROBERT P. CASEY, A LEGACY OF PUBLIC SERVICE, COMPASSION, AND COURAGE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Maryland (Mr. HOYER) is recognized for 5 minutes.

Mr. HOYER. Mr. Speaker, at the end of our journey in this life, if we can answer a few questions in the affirmative, then I believe by most measures we will have led a blessed and well-lived life: Did we try to do our best? Did we try to do the right thing? Did we try to leave this world a better place than when we entered it?

When he passed from this life on May 30, surrounded by the love of his wonderful wife of 47 years, Ellen, his children, and his many grandchildren, there was no doubt that my friend, the former Governor of Pennsylvania, Robert Casey, had lived a blessed, full, and well-lived life. Those of us touched by it should count ourselves fortunate.

As both a private citizen and a public servant, Governor Casey leaves a rich legacy that all of us should strive to emulate. He was caring, compassionate, committed, idealistic, principled, honest, devoted, articulate, tenacious, and, of course, by any measure, he was courageous.

In the famous passage from Profiles in Courage, Senator John Kennedy, whom the Governor and I both admired, wrote, and I quote, "For without belittling the courage with which men have died, we should not forget those acts of courage with which men have lived. A man does what he must, in spite of personal consequences, in spite of obstruction and dangers and pressures, and that is the basis of all human morality."

Courage, Mr. Speaker, was a recurring theme throughout Robert Casey's life. The son of a coal miner, Governor Casey put himself through law school and won a seat in the Pennsylvania State House at the age of 30 before winning two terms as State Auditor General.

He overcame three early, unsuccessful campaigns for Governor, at a time when lesser men would have quit, to win that position not once but twice, the last victory by the largest margin in the history of Pennsylvania.

In the twilight of his career, he battled a rare disease that devastated his body but never, never extinguished his spirit. In June, 1993, he became only the sixth person in the United States to undergo a heart-liver transplant. Thereafter, he not only returned to the Governor's office, but also proposed and signed one of the most comprehensive State organ donor laws in the country.

Since 1994, more than 4,000 people in Pennsylvania and surrounding regions have received lifesaving organ transplants, due in large part to Governor Casey's leadership.

No one ever doubted that Governor Casey had the courage of his convictions. He never wavered from the principles that guided his life, including his core belief that government could level the playing field and protect the most vulnerable in society. He maintained to the end a deep commitment to education, the environment, workers' rights, and the underprivileged.

The Governor took heart from Franklin Delano Roosevelt's observa-

tion that, "In our democracy, officers of the government are the servants and never the masters of the people."

During Governor Casey's service, Pennsylvania enacted mandatory recycling reform, auto insurance reform, and the Child Health Insurance Program, which, as we know, became a national model. The State also broadened special education programs, rebuilt aging water and sewer systems through the PENNVEST program, and enacted a State Superfund to reclaim hazardous waste sites.

Governor Casey, Mr. Speaker, was also instrumental in bringing family and parental leave to Pennsylvania, initiating economic development and high-tech efforts from the Philadelphia port to the new Pittsburgh airport, and overhauling the workers' compensation system.

He did not seek public service for fame or glory, he sought simply to help people. In an era of unabashed cynicism towards public service and public servants, Governor Casey reminded us of why we serve. It is fitting that upon his passing, the Pittsburgh Post-Gazette wrote that Governor Casey left an example for all Pennsylvanians: to fight for what they believe in, to be unafraid of the odds, and to nobly accept the defeats along the way.

Governor Casey's legacy endures not only in the principles he stood for and the improvements he brought to his beloved Pennsylvania, but also in the wonderful family that he and Ellen have raised. They, too, carry their father's commitment to public service and community.

Mr. Speaker, it is proper to remember a man of such worth and dignity and character. Our Nation was blessed by Governor Casey's service.

#### REPUBLICANS SHOULD ABANDON PRIVATE HEALTH AND PRESCRIPTION DRUG INSURANCE SCHEME

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mr. BROWN) is recognized for 5 minutes.

Mr. BROWN of Ohio. Mr. Speaker, I have an idea. What if we, say, break Medicare apart and ask seniors to shop in the private insurance market if they want to piece it back together. Seniors could buy one private plan to cover doctors visits, another to cover hospital stays, a third to cover home health services, and maybe a fourth to cover prescription drugs. Perhaps they could purchase an Aetna plan for outpatient care, a Kaiser plan for the physical therapy coverage, and maybe Golden Rule will offer insurance for medical equipment.

Does this sound absurd? Why is it less absurd to isolate prescription drugs and require Medicare beneficiaries to carry a separate private stand-alone you-are-on-your-own policy for that benefit?